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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/763,955 02/28/2001
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/21/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>PC</i>	MD	16	50	8

ADDRESS

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TITLE

Compositions and methods for treatment of mitochondrial diseases

FILING FEE

FEES: Authority has been given in Paper

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

RECEIVED 1830	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.18 Fees (Issue)
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